mune.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09205423

CLAIMS AS FILED - PART I									SMALL ENTITY			OTHER THAN	
		· · · · · · · · · · · · · · · · · · ·	(Column 1)		(Column 2)			TYPE		OR	SMALL ENTITY		
TOTAL CLAIMS			19					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	·710.00	
TOTAL CHARGEABLE CLAIMS			/ // minus 20=		* 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		• 5			X40=	200	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	ļ	TOTAL	15.6	OR	TOTAL		
	C	LAIMS AS A	MENDED	IENDED - PART II				l		•	OTHER	THAN	
		(Column 1)		(Column 2) (Co				SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MI	Minus	***	CLAIM	=		X40=		OR	X80=		
	11101111202	TOTAL COLUMN	JET. I CE DE.	LIVOLIVI	CEANN	<u> </u>	J	+135=		OR	+270=		
								TOTAL		OR	TOTAL		
		(Column 1)		(Colui	mn 2\	(Column 3)		ADDIT. FEE		• • •	ADDIT. FEE		
	Mark Pro	CLAIMS		HIGH	IEST	(Column 3)	<b>5</b> r		ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=		
	Independent	*	Minus	***		<u> -</u>	] [	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		┨╏	.405			070		
							l	+135=		OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)	_						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	╽╽	X\$ 9=		OR	X\$18=		
	Independent	* INTATION OF M	Minus	***	CL AIM	=	┨╏	X40=		OR	X80=		
	FINOI FRESE	INTARION OF M	OLITE DE	CINDEIN	CLAIM		┙╽	+135=	,	OR	+270=		
		mn 1 is less than t mber Previously Pa					. L	TOTAL		OD.	TOTAL		
***	If the "Highest Nu	mber Previously Pa mber Previously Pa nber Previously Pa	aid For" IN THI	S SPACE	is less tha	n 3, enter "3."	•	ADDIT. FEE	ropriate box		ADDIT. FEE lumn 1.		